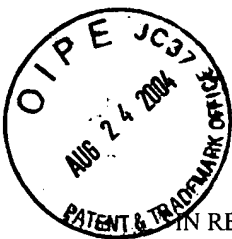


8-26-04

3731



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

JOSEPH C. TRAUTMAN, *ET AL.*

APPLICATION No.: 09/976,763

FILED: OCTOBER 12, 2001

FOR: MICROBLADE ARRAY IMPACT
APPLICATOR

EXAMINER: VICTOR NGUYEN

ART UNIT: 3731

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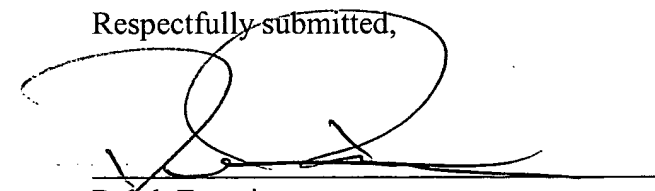
Commissioner for Patents
P.O. Box 1450
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Examiner Nguyen:

As requested, attached is a further copy of the Response to Restriction Requirement, filed on February 12, 2004 and the proof of filing thereon.

Respectfully submitted,

Date: 8/18/04


Ralph Francis
Attorney for the Applicant
Registration No. 38,884

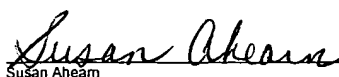
Correspondence Address:

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/976,763	
	Filing Date	October 12, 2001	
	First Named Inventor	Joseph C. Trautman	
	Art Unit	3731	
	Examiner Name	NGUYEN, Vi X.	
Total Number of Pages in This Submission	15	Attorney Docket Number	ARC 2972 R1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Associate Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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TECHNOLOGY CENTER R3700**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Ralph C. Francis; Francis Law Group; Registration No. 38,884
Signature	<i>[Signature]</i>
Date	02/12/04

CERTIFICATE OF TRANSMISSION/MAILING

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